



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A" PRIOR TO ACTION AND SUBMISSION
OF SUBSTITUTE SPECIFICATION

APPLICANT: Karl BARTH et al CONFIRMATION NO.: 8344

SERIAL NO.: 10/721,931 GROUP ART UNIT: 3736

FILED: November 25, 2003

TITLE: "METHOD TO PRODUCE A VOLUME DATA SET"

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

Applicants herewith amend the above-referenced application, and request entry of the Amendment prior to examination on the merits.

TELEPHONE (312) 258-5500



SCHIFF HARDIN LLP

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606
GROUP ART UNIT: 3736

In re application of: Karl BARTH et al

SERIAL NO.: 10/721,931

EXAMINER:

FILED: November 25, 2003

CONFIRMATION NO.: 8344

TITLE: METHOD TO PRODUCE A VOLUME DATA SET

AMENDMENT "A" PRIOR TO ACTION

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Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	**20	X	() X 9.00 () X 18.00	
INDEP. CLAIMS	*	MINUS	3	X	() X 40.00 () X 84.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$140.00 () \$280.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated for ___ months so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit Account No. 501519. A duplicate copy of this sheet is enclosed.
 - ☐ A check in the amount of \$ _____ is attached.
 - ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached
 - ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
 - ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on May 10, 2004

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

May 10, 2004

DATE